

REGULATORY FOCUS BULLETIN

FILE TOPIC: Restraints

When is the use of a mechanical or physical device attached or adjacent to the resident's body that restricts movement considered to be an enabler?

Restraining devices are considered to also be enablers when they enhance functional ability in the least restrictive manner.

Examples include but are not limited to:

1. A seated walker when, without its use, the resident's mobility would be further restricted or risk for injury increased.
2. A reclining chair when, without its use, the resident's condition would limit their positioning to a bed or wheelchair.
3. Devices that enable residents to maintain optimal anatomical position to prevent discomfort and/or deformities caused by immobility such as contractures, e.g., positioning is enhanced by supporting the pelvis or upper trunk or extremities.

If these enabling devices are used when residents cannot remove or release themselves, the same assessment and planning process must be used to determine that their use is least restrictive and medically justified as with a device that is used solely to restrict movement. Documentation must support the assessment, planning and evaluation. The facility should code the device as a restraint under Section P4 of the MDS. The resident assessment protocol should then explain the use of the device as an enabler.

For bedrails, it is also helpful to refer to the definition found in the Long Term Care Facility Resident Assessment Instrument (RAI) User's Manual, Chapter 3, Item G-6, Modes of Transfer. "Bed rail(s) used for bed mobility or transfer -- refers to any type of side rail(s) attached to the bed USED by the resident as a means of support to facilitate turning and repositioning in bed, as well as for getting in and out of bed. **Do not check this item if resident did not use rails for this purpose.**